


FEE TRANSMITTAL

Electronic Version v10

Stylesheet Version v10

| Title of Invention | MEDICAL SYSTEM AND METHOD FOR REMODELING AN EXTRAVASCULAR TISSUE STRUCTURE | | | | | | | | | | |
|--|---|---|-------------|-----------------|----------|-----------|-------------|---|------|-----|-----|
| Application Number : | 10/066302 |  | | | | | | | | | |
| Date : | 2005-04-07 | | | | | | | | | | |
| First Named Applicant: | Randall T. Lashinski | | | | | | | | | | |
| Attorney Docket Number: | 5813CIP2CIP1/53655 | | | | | | | | | | |
| Art Unit: | 3738 | | | | | | | | | | |
| Examiner : | Urmi Chattopadhyay | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 180 | | | | | | | | | | | |
| Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Submission Of Information Disclosure Stmt Fee</td><td>1806</td><td>180</td><td>180</td></tr></tbody></table> | | | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Submission Of Information Disclosure Stmt Fee | 1806 | 180 | 180 |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | |
| Submission Of Information Disclosure Stmt Fee | 1806 | 180 | 180 | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | |
| Deposit account number: | 031728 | | | | | | | | | | |
| Access Code | **** | | | | | | | | | | |
| Deposit name: | Christie, Parker and Hale, LLP | | | | | | | | | | |
| Deposit authorized name: | Mark Garscia | | | | | | | | | | |
| Signature: | /Mark Garscia/ | | | | | | | | | | |
| Date (YYYYMMDD): | 2005-04-07 | | | | | | | | | | |